## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011842

FILED Apr 28, 2005 Secretary of State

Entity Name: GOODWILL ACADEMIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4940 BAYLINE DR NORTH FORT MYERS, FL 33917 **Current Mailing Address: New Mailing Address:** 4940 BAYLINE DR NORTH FORT MYERS, FL 33917 FEI Number: 20-2089122 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEURIG, TOM FEURIG, TOM 4940 MBAYLINE DRIVE 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US NORTH FORT MYERS, FL 33917 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete ( ) Change (X) Addition BYRD, RONALD N Name: Name: Address: Address: 208 SE 9TH TERRACE City-St-Zip: City-St-Zip: CAPE CORAL, FL 33990 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: HALGRIM, THOMAS Address: Address: 5572 PERNOD DRIVE City-St-Zip: City-St-Zip: FT MYERS, FL 33919 Title: () Delete Title: ( ) Change (X) Addition BARRETT, WILLIAM Name: Name: 13822 PINE VILLA LANE Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33912 Title: () Delete Title: ( ) Change (X) Addition Name: Name: ARNALL, ROBERT M.D. 1324 LONGWOOD DRIVE Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33919 Title: () Delete Title: ( ) Change (X) Addition BRADLEY, ROGER Name: Name: 250 HANSON STREET Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33901 Title: () Delete Title: ( ) Change (X) Addition ROGERS, HATTON B Name: Name: Address: Address: 1772 CORAL WAY NO FT MYERS, FL 33917 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD N BYRD P 04/28/2005